

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DONNA OHSANN,

PLAINTIFF,

V. CIVIL ACTION NO. 2:07-cv-00875-WKW

**L. V. STABLER HOSPITAL and
COMMUNITY HEALTH SYSTEMS
PROFESSIONAL SERVICES CORPORATION,**

DEFENDANTS.

THIRD NOTICE OF FILING OF CONSENTS BY OPT-IN PLAINTIFFS

Comes now the Plaintiff in the above matter and files the Consents of the following individuals as an opt-in Plaintiff in this action (Exhibit A):

Robert L. Benson
Barry L. Grace
Pamela Delisa Jones
Samerica Leonard
Margie A. Mickles
Darlene Rudolph
Kathy B. Schofield
Anne Thompson

Respectfully submitted,

/s/ David R. Arendall

David R. Arendall
Counsel for Plaintiff

OF COUNSEL:

ARENDALL & ASSOCIATES

2018 Morris Avenue, Third Floor

Birmingham, AL 35203

205.252.1550 – Office

205.252.1556 - Facsimile

CERTIFICATE OF SERVICE

I hereby certify that on July 24, 2008, I electronically filed the foregoing with the Clerk of the Court by using the CM/ECF system which will send a notice of electronic filing to the following: David Walston, Esq.

/s/ David R. Arendall

Of Counsel

EXHIBIT A

TO

THIRD NOTICE

OF FILING OF

CONSENTS

CONSENT TO BECOME A PARTY PLAINTIFF

I, Robert L. Benson, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7-23-08.

Robert L. Benson
Signature

Robert L. Benson
Print Name

370 pinehurst DR. Apt 32 Georgiana, AL 36033
Address (Required)

Georgiana, AL 36033
City, State and Zip Code

334-765-0154
Day Phone no. – Include area code (Required)

334-376-0043
Evening phone no. – Include area code (Required)

Mobile Phone – include area code

E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, BARRY L. GRACE, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 07-16-08.

Barry L. Grace
Signature

BARRY L. GRACE
Print Name

134 World Street
Address (Required)

Greenville, Alabama 36037
City, State and Zip Code

(334) 371-4757
Day Phone no. – Include area code (Required)

(334) 383-1139
Evening phone no. – Include area code (Required)

(334) 437-0711
Mobile Phone – include area code

E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, Pamela Delisa Jones, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/17/08.

Pamela Delisa Jones
Signature

Pamela Jones
Print Name

959 BlueRound Rd.
Address (Required)

Georgiana, AL 36033
City, State and Zip Code

334-376-0046
Day Phone no. – Include area code (Required)

334-376-~~015~~0046
Evening phone no. – Include area code (Required)

334-498-0157
Mobile Phone – include area code

dee.jordan959@yahoo.com
E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, Darlene Rudolph, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/17/08.

Darlene Rudolph
Signature

Darlene Rudolph
Print Name

P.O. Box 387
Address (Required)

Greenville, AL 36037
City, State and Zip Code

334) 383-1846
Day Phone no. - Include area code (Required)

334) 464-7190
Mobile Phone - include area code

334) 383-1846 or 334) 383-2659
Evening phone no. - Include area code (Required)

OR
~~Barbara~~ Nikkit Stewart@aol.com
E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, Kathy B Schofield, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7-16-08

Kathy B Schofield
Signature

Kathy B Schofield
Print Name

74 Winding Drive
Address (Required)

Honolulu AL 36042
City, State and Zip Code

334 382-0698
Day Phone no. – Include area code (Required)

334 525-1149
Mobile Phone – include area code

334 525-1149
Evening phone no. – Include area code (Required)

None
E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, Annie Thompson, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/14/08Signature Annie M ThompsonPrint Name Annie ThompsonAddress (Required) 222 Second Street ECity, State and Zip Code Greenville, Alabama 36037Day Phone no. – Include area code (Required) (334) 382-6511 homeMobile Phone – include area code (334) 431-3420 cellEvening phone no. – Include area code (Required) (334) 368-5435E-mail Address Annies18@yahoo.com